

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
PM 1.17.09  
2009 JAN 20 PM 2:22

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Smith For Supervisor

**IMPORTANT:** Indicate by # type of committee you are reporting for: ☒

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Jackie Smith

Political Party (if applicable)

Democrat

Office Sought

County Supervisor - Woodbury County

District (if Senate or House)

**FORM**

**DR-2**

(Rev. 07/2007)

**DISCLOSURE  
REPORT**

**For Office Use Only**

Comm. # 18237

Logged In 5

Scanned pm

Computer pm

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

[Signature]  
**SIGNATURE OF PERSON FILING REPORT**

712-223-1429  
**TELEPHONE**

01.14.09  
**DATE SIGNED**

I AM FILING A \_\_\_\_\_ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

☒ CHECK IF AMENDMENT TO REPORT DATED 5/18/08

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held

WOODBURY

**STATEMENT OF CASH ON HAND**

**CASH ON HAND** at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

**CASH ON HAND** at the end of this reporting period (if final report balance must be zero)

**\*\*UNPAID BILLS** (From Schedule D - Attach Schedule D)

**\*IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

**\*\*OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

**CONSULTANT BREAKDOWN** (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

- 0 -

\$ 1,335<sup>28</sup>

1,335<sup>28</sup>

59<sup>98</sup>

\$ 1,275<sup>30</sup>

For Instructions, See Back of Form

Reset Form

# CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
3/20/08	ID# CK#	Al Sturgeon 507 7th St Sioux City IA		\$150 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Pam Boettger Jefferson 540 Lakeshore Dr SD 57038		10 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Sharon Russell Sgt Bluff 111 Goldie Dr IA 51054		10 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Nicole Umland Sioux City 3919 Country Club Blvd IA 51104		10 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Joan Ogden Dakota Dunes 334 West Pinehurst Tr SD 57049		100 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Mary Smith Storm Lake 520 Early St IA 50588		25 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	MacDonald Smith Sioux City 505 5th St IA 51101		500 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Judy Morrison Sgt Bluff 300 3rd St. IA 51054		50 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Denise Hunter Sgt Bluff 2090 Round Table Rd IA 51054		350 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#	Karen Klein Sioux City 3424 Viking Dr. IA 51104		25 <sup>00</sup>	<input type="checkbox"/>

SUB-TOTAL

\$1,230<sup>00</sup>

TOTAL (if last page of this schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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# CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONEY RECEIPTS
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Sm. M. Lee Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
4/14/08	ID# CK#	Pay Pal Internet Omaha NE Activist		\$ .28	<input type="checkbox"/>
4/17/08	ID# CK#	Unspecified Cash Contributions		5.00	<input type="checkbox"/>
	ID# CK#	Katherine Sizeman 2231 Helmer Sioux City 51103		50.00	<input type="checkbox"/>
	ID# CK#	Linda Steele 115 Fairview Dr. Sioux City NE 51106		30.00	<input type="checkbox"/>
	ID# CK#	Burb Juarez Hinton IA 51024		20.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$105.28

TOTAL (If last page of this schedule)

\$135.28

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Smith for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3/25/08	ID# CK#	Pioneer Bank Sioux City IA	Account Setup Checks	\$ 15 <sup>45</sup>
3/25/08	ID# CK#	MacBehr Restaurant Sioux City IA 51101	Campaign Comm mtg Food/Beverages	44 <sup>53</sup>
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 59 <sup>98</sup>
TOTAL (if last page of this schedule)				\$ 59 <sup>98</sup>

### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)